



PATENT

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|---|------------------------|------------------|-------------|
| <b>Request For<br/>Continued Examination<br/>(RCE)<br/>Transmittal</b><br><br>Address to:<br>Commissioner for Patents<br>Box RCE<br>P.O. Box 1450, Alexandria, VA 22313-1450<br>Fax no.: (703) 872-9306 | Application No. :      | 10/036,168       | APR 04 2005 |
|   | Filing Date :          | October 22, 2001 |             |
|   | First Named Inventor : | NAI-SHUNG CHANG  |             |
|   | Group Art Unit :       | 2112             |             |
|   | Examiner :             | VU, TRISHA U.    |             |
|   | Attorney Docket No. :  | JCLA6880-R       |             |

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application.

**1. Submission required under 37 CFR § 1.114.**

a.  Previously submitted

(X) Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on March 10, 2005

( ) Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

b.  Enclosed

( ) Preliminary Amendment.

( ) Other \_\_\_\_\_

**2. Miscellaneous**

- a. ( ) Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months.
- b. ( ) Associate Power of Attorney.

**3. Fees are calculated as follows:**

| CLAIMS AS FILED                                       |    |                                 |               |                    |                |                      |
|---|----|---------------------------------|---------------|--------------------|----------------|----------------------|
| NUMBER FILED  |    | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE               | ADDITIONAL FEE |                      |
| <b>Basic Filing Fee</b>                               |    |                                 |               | \$ 790             | \$ 790         |                      |
| Total Claims  | 17 | MINUS 20                        | = 0           | x \$ 50            | = \$ 0         |                      |
| Independent Claims                                    | 3  | MINUS 3                         | = 0           | x \$ 200           | = \$ 0         |                      |
| [ 1 ] month(s) extension of time is hereby requested. |    |                                 |               | Time Extension Fee | = \$ 120       |                      |
|   |    |                                 |               |                    |                | <b>Total: \$ 910</b> |